

Maine WIC Nutrition Program

11 State House Station Augusta, Maine 04333 207-287-3991 or 1-800-437-9300

TTY Users: Dial 711 Fax: 207-287-3993

Refusal of Hematological Screening

I refuse to have a hematological screen comple	eted for
	(Applicant/Participant Name)
by the(Local Agency Name)	WIC Program as a means for determining
WIC Program eligibility as required by federa	l regulations (USDA 7 CFR Part. 246.7 e,1.).
Reason for Refusal:	
Signature:(Participant/Parent/Guardian)	Date:
Signature:(WIC Staff Member)	
USDA Non-Discrimination Statement	
policies, the USDA, its Agencies, offices, and employees	artment of Agriculture (USDA) civil rights regulations and s, and institutions participating in or administering USDA race, color, national origin, sex, disability, age, or reprisal or activity conducted or funded by USDA.
large print, audiotape, American Sign Language, etc.), s applied for benefits. Individuals who are deaf, hard of ${\bf I}$	•
3027) found online at: http://www.ascr.usda.gov/compg	e the <u>USDA Program Discrimination Complaint Form</u> , (AD- plaint filing cust.html, and at any USDA office, or write a f the information requested in the form. To request a copy r completed form or letter to USDA by:
(1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW	(2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov

Appendix CE-3-B Revised: 08/01/2016